U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 16075	2. Fiscal Year Covered From:		
1. File Number 0 - 7 60 7 3			
	7 / 7 / 64 Through: 2 / 37 / 64		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Mario Manrique Jr	Name Tapevs Local Union 1944		
	Labor Organization File Number 064030		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1287 Kalani St #204	Street 1287 Kalani St #204		
city Honolulu	City Honolulu		
State Hawaii ZIP Code +4 968/7	State Hawaii ZIP Code + 4 96817		
5. Position in labor organization. Secvetury / Treasu	Vev		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City	The state of the first control for a control for a control for the state of the sta		
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
undersigned s knowledge and belief, true, correct, and complete. (oce the sec	ction on penalties in the instructions.)		
Signed Signed	On 8-10-05 808-848-7766 Date Telephone Number		

Name of Person Filling Mario Manrique, Jr.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Tapers Local Union 1944 Trade Name, if any: Drywall Taper P.O. Box, Bldg., Room No., if any Street 1287 Kalani St #204 City Honolulu State Hawaii ZIP Code + 4 96817	9. Business deals with: a. Labor Organization b. Trust c. Employer	·
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	MA APPANANTANAN MAKA AND MENUNGAN MENUNGAN MENUNGAN MENUNGAN PENNINGAN MENUNGAN MENU
Name Hawaii Tapers Trust Funds	Annuity Trust Find Mies	ting 133.59
Trade Name, If any: Annuity.		
P.O. Box, Bldg., Room No., if any		
Street 222 S. Vineyard St. PH4	11.b. Approximate dollar value of such dealing.	/33.59
city Honolulu	12.a. Nature of interest held or income received.	- Emmany also Cathardes Trank arms an ensure successible
State Hawaii ZIP Code + 4 96813		
1		
	12 h Amount)
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	r parts A and B above) or other thing of value.	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	r parts A and B above) or other thing of value.	